

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER	
	1 st AMENDMENT	2 nd AMENDMENT	IND.	DEP.
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50				
TOTAL IND.	5			
TOTAL DEP.	10			
TOTAL CLAIMS	15			

CLAIMS	+		+		+	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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